

CERTIFICATE OF SERVICE

I hereby certify that, on May 11, 2012, a true copy of the Verified Complaint In Rem and Warrant for Arrest of Articles In Rem re: CV-12-2173 United States of America against Two Hundred Eighty Nine Thousand Eight Hundred Dollars, et al., was sent by Certified Mail Return Receipt to:

Luis Damian Jacas
c/o David Segal, Esq.
30 Vesey Street, Suite 900
New York, New York 10007

Wine Care Storage
628 West 28th Street
New York, New York 10001

Eric R. Brahms
210 East 68th Street
New York, New York 10065


Eric R. Brahms
c/o Michael R. Bachner, Esq.
Bachner & Associates
39 Broadway, Suite 1610
New York, New York 10006

Irwin Gutman
2200 Ocean Avenue Apt 50
Brooklyn, New York 11229

Izak Irwin Gutman
c/o Carla Sanderson, Rubinstein
260 Madison Avenue #22
New York, New York 10016

Elle Chong
150 West 55th Street #7F
New York, New York 10019

Elle Chong
c/o Charles A. Ross, Esq.
Trinity Centre
111 Broadway, Suite 1401
New York, New York 10006



Yvette Ramos-FSA Paralegal

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
		B. Received by (Printed Name)	C. Date of Delivery
<p>1. Article Addressed to:</p> <p>LUIS DAMIAN JACAS C/O DAVID SEGAL, ESQ 30 Vesey Street, Suite 900 NEW YORK, NY 10007</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7011 2970 0003 2280 6013</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only, No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	<p>Yvette Ramos TH #100</p> <p>Postmark Here</p> <p>TR 5/16/12 CV-12-2013</p>
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
<p>Sent To LUIS DAMIAN JACAS</p> <p>Street, Apt. No., or PO Box No. C/O DAVID SEGAL</p> <p>City, State, ZIP+4 30 Vesey Street, Suite 900 NY NY 10007</p>	

PS Form 3800, August 2005

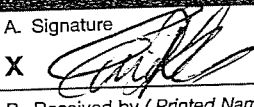
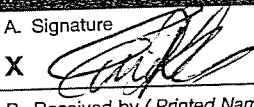
See Reverse for Instructions

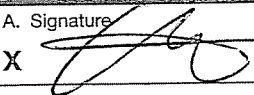
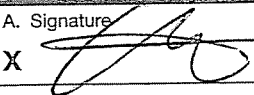
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<p>1. Article Addressed to: ELIE CHONG ROZAN c/o CHARLES A ROSS, ESQ Trinity Center 111 Broadway, Suite 1401 New York, NY 10006</p>		<p>B. Received by (Printed Name) Silverman</p> <p>C. Date of Delivery 8/17/12</p>	
		<p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7011 2970 0003 2280 6068</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: Eric Brahms c/o Michael R. Bachner Bachner + Associates 39 Broadway Suite 1600 NY NY 10006</p>		<p>B. Received by (Printed Name) [Signature]</p> <p>C. Date of Delivery 8/18</p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7011 2970 0003 2280 6044</p>	

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<p>1. Article Addressed to:</p> <p>Eric Brubins 210 EAST 68th Street Apt 15L New York, NY 10065</p>		<p>B. Received by (Printed Name) ERIC R BRUBINS</p>	<p>C. Date of Delivery</p>
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7011 2970 0003 2280 6020</p>	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

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<p>1. Article Addressed to:</p> <p>WintCare Storage LLC 628 W 25th Street NY NY 10001</p>		<p>B. Received by (Printed Name) WintCare Storage LLC</p>	<p>C. Date of Delivery</p>
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7011 2970 0003 2280 6006</p>	
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<p>1. Article Addressed to:</p> <p>IRAK IRWIN GUTMAN 2200 Ocean Avenue Apartment 5-0 Brooklyn NY 11229</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>2. Article Number</p> <p>(Transfer from service label) 7011 2970 0003 2280 6051</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>PS Form 3811, February 2004</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

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<p>1. Article Addressed to:</p> <p>Elle Chong Roza #7F 150 West 55th Street NY NY 10019</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>2. Article Number</p> <p>(Transfer from service label) 7011 0470 0000 6140 7312</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>PS Form 3811, February 2004</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

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